						(When Fi	lled I	n)					ί.
	REQUEST FOR REIMBURSEMENT OR PAYMENT							1. VOUCHER NO.					
	3. NAME OF CLAIMANT (LAST, FIRST, MIDDI Maloney, Edward J.						E INITIAL)		4. EMPLOYEE NO.		5	5. OFFICE OIT/DA	
PAYABLE Edwa		ialoney	·	R	оом 3S35	BUILD	ING	EX	TENSIO	N A	MOUNT \$	640.68	
	CT NUMBEI		7.	TYPE (OF ADVANCE		8. AC	TIVITY Ņ	NUMBER		9. DUE		·····
PURPOSE	(FIRST 2	4 CHARACTE	RS OF	EACH L1	INE WILL BE	ENTERED)	:					•.	
10. WHAT	. Rol	.1adeck	with	index	cards						/.	1.	
11. WHER	e: Gin	ns						A)d	· (1/20	188	
12. WHEN	. 6 5	Septembe	r 198	8				-()	<i></i>				
13. WHY:		erence		or of	fice			· ·	-	14. EXP	· · · · · ·	15. AGEN	cyl
TYPE	SUB #	17.	LIQ		18.					COD	IE /	VAILABLE	
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S	1				- I	1 1	 		CER			noney, ADD	
S	INCTO				1 1 1	!	1	DATE				OIT/B&F	_
PAYMENT	INSTRUC	LIONS						authorize	my age	ent, whose	signature a	PICK UP FUNDS sppears below, to behalf and ackn	recei
CERTIFICATION (Check when applicable) X REIMBURSEMENT							s of official funds on my behalf and acknowled receipt of such funds and my responsibility therefor, when paid my agent. DATE SIGNATURE OF AGENT						
_			sbursem d that om any	ents i I have other	temized above not been no source and trect.	ve were or will l that this						NT OR OFFICE	₹
☐ PEŔ	SONAL SER	RVICES					-			(NOWLEDGE			
perform contrac DATE	ance of o	luties in	accorda	ince wi	yee for sati th the terms	s of his	DATE		616	SNATURE	CHECK N	0.	
9/8/88 TRANS	<u> </u>	Edv	aro,		Loney			- 	1	MONETAR	· //		
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DATE	PREPAR	ED BY	,	EXT	DATE	REVIE	WED BY	'		TOTAL			
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